



# Application for Residential Enrolment

This Application for Enrolment is a requirement of the Dalby State High School Bunya Campus for information purposes only. This application is not an offer or an acceptance at Dalby State High School Bunya Campus.

## STUDENT DETAILS:

Surname:	
Given Names:	
Preferred Name:	
Gender:      F      M	D.O.B:            /    /
Religion:	Country of Birth:
Australian Citizen/Permanent Resident:      Y      N	
International Student:      Y      N	First Year of School in Australia:
Aboriginal or Torres Island:      Y      N	
Language spoken at Home:	
Other Languages spoken:	

## **STUDENT RESIDENTIAL ADDRESS:**

Suburb:	State:	Postcode:

## **STUDENT POSTAL ADDRESS IF DIFFERENT FROM ABOVE:**

Suburb:	State:	Postcode:

## **PARENT/GURDIAN CONTACT DETAILS:**

Name:
Phone Contact:
Email Contact:

## **STUDENT ENROLMENT INFORMATION:**

Proposed Year of Commencement: (eg 2020)	Proposed Year Level Entry: (eg Year 10)
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## **SIBLINGS WHO HAVE/ARE ATTENDING DALBY STATE HIGH SCHOOL:**

Name	Year Levels (eg yrs 10-12)	Years of Enrolment (eg current or 2010-2012)	Relationship to Applicant

## **OTHER CHILDREN IN THE FAMILY:**

Full Name:	D.O.B:	Full Name:	D.O.B:

**STUDENT EDUCATIONAL PROFILE:**

Please provide the following details of current and previous school attendance:

Name of School	Location	Year of Attendance

Has the student any current learning disabilities of which the Campus needs to be aware?

Y      N      If Yes please provide specific details:

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Has the student been involved in any learning assistance programs in the following areas?

Reading  Writing  Maths  Language  Other

Where appropriate please provide details:

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Please provide details of the students sporting ability, music and/or other talents:

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**STUDENT MEDICAL PROFILE:**

Has the student had medical or psychological assessment/s prior to this application?

Medical      Y      N      Psychological      Y      N

If Yes please provide specific details and copy of assessment/s if available :

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Does the student suffer from any of the following conditions below?

Hearing Loss	Y	N
Speech impediment	Y	N
Diabetes	Y	N
Coeliac disease	Y	N
Neurological Disorders (eg Epilepsy)	Y	N
Gross/fine motor skills	Y	N
Visual (physical dysfunction or discrimination)	Y	N
Physical problems or Disability	Y	N
Poor health history	Y	N
Other	Y	N

Please provide details on the following page.....

Where appropriate please provide specific details and copies of any assessment/s if available:

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**Does the student suffer from any other medical conditions or disabilities of which the Campus needs to be aware?**      **Y**      **N**      If Yes please use this MEDICAL ALERT BOX to provide specific details:


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**We understand and accept that this application is not an offer or an acceptance at Dalby State High School Bunya Campus. An interview will be required with the Head of Campus and we will be notified in due course of the decision by the Dalby State High School Management Team.**

Signature \_\_\_\_\_(Parent/Guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_(Parent/Guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PLEASE ENCLOSE with this application:**

- ✓ Copy of latest report card including record of behavioural issues
- ✓ Copies of previous report cards
- ✓ Copy of most recent NAPLAN results
- ✓ Copy of Birth Certificate
- ✓ Assessments/disclosure of any learning support requirements
- ✓ A reference or contact details of a referee if coming from another boarding facility

**FAMILY PROFILE:**

Details of Students Father/Guardian		Details of Students Mother/Guardian	
Surname:		Surname:	
Given Names:		Given Names:	
Address:		Address:	
Suburb:	Postcode:	Suburb:	Postcode:
State:		State:	
Contact numbers		Contact numbers	
Email:		Email:	
Occupation:		Occupation:	
Workplace/Employer:		Workplace/Employer:	

Primary Contact:            Mother            Father            Both            Guardian  
(Please state)

Accounts to:                Mother            Father            Both            Guardian  
(Please state)

Correspondence to:        Mother            Father            Both            Guardian  
(Please state)

**Other Family Matters:**

Are there any Parenting Plans, Specific issues, Orders, Consent Orders (relating to residence/contact) or Care and Protection Orders in place that affect the student?

Y      N      If yes, please attach relevant documents

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Student lives with:        Both Parents            Mother            Father            Other

Please give details:

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